

STATE BOARD OF EXAMINERS OF PSYCHOLOGY  
COMMONWEALTH OF KENTUCKY  
PO BOX 1360  
FRANKFORT, KY 40602  
<http://psycho.state.ky.us/>

**Recommendation for Licensure as a Psychological Practitioner**

NAME OF APPLICANT \_\_\_\_\_

The above named individual has applied for licensure as a Psychological Practitioner in the Commonwealth of Kentucky. Your candid and complete evaluation of this applicant is critical for licensure and, ultimately, the protection of the consumer.

1) What are YOUR mental health credentials?

a) Field of training/experience: \_\_\_\_\_

b) Your highest graduate degree: \_\_\_\_\_

c) Title of department & school granting degree: \_\_\_\_\_

d) Number of years working as a mental health professional \_\_\_\_\_

e) Area(s) of specialization: \_\_\_\_\_

f) Your membership in professional organizations (Please list):

5) a) Were you supervised by applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

b) Were you a supervisor of the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either a or b was yes, explain the nature of the supervision:

6) Do you have other than a working relationship with this applicant?

If yes, explain:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

NAME OF APPLICANT \_\_\_\_\_

- 1) In what role do you know the applicant?
- 2) The applicant's title/position and agency during the time of your knowledge of applicant:
- 3) Dates of your knowledge of the applicant (date met to date of last contact):
- 4) In which of the following services did the applicant demonstrate competency that can be qualified and, in your professional opinion, is qualified to perform **independently**?

General Services	Services Offered	Specialty Services
<input type="checkbox"/> Therapy	<input type="checkbox"/> Child evaluations	<input type="checkbox"/> Custody Evaluations
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Child treatment	<input type="checkbox"/> Forensic Evaluations
<input type="checkbox"/> Consultation	<input type="checkbox"/> Behavioral Modification	<input type="checkbox"/> Neuropsychology
<input type="checkbox"/> Academic Teaching	<input type="checkbox"/> Biofeedback	<input type="checkbox"/> Industrial/Org. Psychology
	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> School Psychology
	<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Other
	<input type="checkbox"/> Group Therapy	
	<input type="checkbox"/> Hypnosis	
	<input type="checkbox"/> Marital Therapy	
	<input type="checkbox"/> Conjoint Therapy	
	<input type="checkbox"/> Play Therapy	
	<input type="checkbox"/> Program Eval. & Dev.	
	<input type="checkbox"/> Psychodrama	
	<input type="checkbox"/> Mediation	
	<input type="checkbox"/> Sex Therapy	
	<input type="checkbox"/> Substance abuse/Addictions	
	<input type="checkbox"/> Other:	

- 5) Please check which age group(s) the applicant is qualified to serve independently:

- ☐ Preschool Children (under 5)
- ☐ Children (5 – 12)
- ☐ Adolescents (13 – 17)
- ☐ College (in a college setting)
- ☐ Adults (18 and Over)
- ☐ Geriatric

- 6) Based upon your overall experience with this applicant, do you personally attest to sufficient competency and professional judgement requisite to independent, unsupervised practice in those areas in question #4? If not, what additional training and/or experience would prepare this person to function competently without supervision?
  
  
  
  
  
  
  
  
  
  
- 7) Applicant's ability, in your opinion, to function professionally in cooperation with other psychologists or with other members of the community. Please give examples, if known.
  
  
  
  
  
  
  
  
  
  
- 8) Applicant's understanding of and acceptance of responsibility in matters of professional ethics. Please include any indications of deviation from expected behavior.
  
  
  
  
  
  
  
  
  
  
- 9) Do you have any information that would aid the Psychology Examining Board in evaluating this applicant to pursue independent practice? Please delineate.

**Please complete and sign the attached two page form**

**Thank you for your information.**

NAME: OF APPLICANT: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

Please complete this form in reference to the above named applicant. Scores are as follows:

1 = Does not display minimal competency (to practice independently).

3 = Displays minimal competency (to practice independently) in this area.

5 = Exhibits above minimum competence (to practice independently) in this area.

X = Cannot rate

**1. Interviewing Skills**

1	2	3	4	5	X	Conducts interviews with client/patient, family members, employees and/or others to understand identified problems.
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**2. Relevant History**

1	2	3	4	5	X	Identify relevant history from client/patient or significant others to attain understanding of presenting problem(s).
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**3. Observational Skills**

1	2	3	4	5	X	Observes client/patient or organization behavior and articulates this in a coherent fashion.
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**4. Assessment Selection Skills**

1	2	3	4	5	X	Selects appropriate instruments, techniques or procedures (e.g.) test inventories to assess relevant characteristic of individual or group.
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**5. Test Administration & Interpretation**

1	2	3	4	5	X	Administers, interprets and scores psychological testing materials, techniques or procedures in a standardized fashion.
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**6. Reporting Writing Skills**

1	2	3	4	5	X	Integrates and reports results of psychological testing or intervention in a coherent, clear fashion.
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**7. Special Populations**

1	2	3	4	5	X	Identifies techniques for assessing psychological needs of special populations (e.g. sensorially or physically disabled, ethnic minority, gender issues, etc.)
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**8. Diagnostic Skills**

1	2	3	4	5	X	Demonstrates knowledge of a diagnostic system (i.e.) DSM IV and ability to differentially diagnose patients in organized and clear fashion.
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**9. Professional Conduct**

1	2	3	4	5	X	Maintains appropriate professional relationships with supervisor, peers, support staff and other professionals.
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**10. Assessing Patient/Client for Dangerousness**

1      2      3      4      5      X

Demonstrates skills, knowledge and abilities to identify potentially dangerous patients/clients and intervene appropriately (e.g. suicidal, violent, etc.)

**11. Ethical Principles**

I      2      3      4      5      X

Demonstrates knowledge and behavior consistent with ethical principles and standards for psychologists.

**12. Record Keeping**

1      2      3      4      5      X

Maintains appropriate records and documentation in clear and readable fashion.

**13. Knowledge of Own Limits**

1      2      3      4      5      X

Identifies limits of his/her own competencies and able consult and refer appropriately.

**14. Confidentiality**

I      2      3      4      5      X

Articulates and demonstrates knowledge related patient confidentiality and disclosure of information.

**15. Knowledge of Theoretical Foundation**

1      2      3      4      5      X

Articulates clear theory/conceptual basis addressing etiology and interventions with patient/client.

**16. Conceptual Skills**

1      2      3      4      5      X

Applicant displays ability to conceptualize client problems in a coherent and logical fashion.

**17. Teaching Skills**

1      2      3      4      5      X

Uses effective approaches in presentations, workshops, academic instruction and other formal and informal teaching opportunities.

**18. Supervision**

1      2      3      4      5      X

Provides competent direction and support for supervisee.

**19. Special Areas of Expertise**

1      2      3      4      5      X

Please list areas of experience not otherwise covered:

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Any sections where individual scored I or 2 please explain:

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**DECLARATION:**

I declare that, to the best of my knowledge, the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date